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PULMONARY DISEASES IN THE WEST INDIES AND THE MEDITERRANEAN.

[Several statistical reports of the sickness and mortality among the British troops have recently been presented to Parliament, which contain matter of no ordinary interest. From an extended notice of these reports in the last No. of the British and Foreign Medical Review, we take the following extract.]

There is nothing more interesting in these Reports than the statistics of pulmonary diseases. They appear to us of great importance in reference to the etiology of these formidable maladies, by showing at least the error of certain views still prevailing on the subject, and by confirming, if they have not the merit of originating, more correct opinions. After a table showing the number of admissions and deaths from this class of diseases, in the Windward and Leeward Command, Major Tulloch remarks: "Though the proportion of admissions by this class of diseases is lower than among troops in the United Kingdom, in the proportion of 115 to 148, the ratio of mortality is much higher, as nearly 10½ per thousand of the strength have been cut off annually; whereas, in Britain, the deaths from the same class of diseases do not average, at the utmost, more than 8½ per thousand. This arises from the *greater prevalence of consumption*, for out of an aggregate strength of 86,661 serving in the Windward and Leeward Command, not fewer than 1,023 were attacked by that fatal disease, being 12 per thousand annually, whilst out of an aggregate strength of 44,611 dragoon-guards and dragoons serving in Great Britain, only 286 were attacked, being about 5½ per thousand." "Not only," he adds, "is consumption productive of great mortality in this command, but inflammation of the lungs and chronic catarrh are nearly twice as prevalent and twice as fatal as among troops in Britain, thus showing how little effect a mere increase of temperature has in modifying these diseases." *(West India Report, p. 8.)* Major Tulloch might have extended his remarks to uniformity of temperature; for this great mortality from consumption and inflammation of the pulmonary organs has taken place in a command where the greatest annual range in the thermometer is 13 degrees, and in some parts of which it is only 4 degrees.

In Barbadoes the mortality from diseases of the lungs is considerably above the very high average of the command, being 15.8 per thousand annually of the white, and 18.7 per thousand of the black troops. It may not be amiss to remark that, whilst this report shows the general rate of mortality from fever to be considerably lower among the negroes than the whites, the former are found to suffer in a much greater proportion from consumption and other diseases of the lungs. In Jamaica pulmonary diseases are by one third less prevalent, and one third less fatal than in the Windward and Leeward Command. The mortality from them is estimated in the Report at 7.5 per thousand annually. The author remarks that, exclusive of those invalided on account of these diseases in the island, and who died in their passage home or shortly after their arrival, this class of diseases has produced almost the same annual ratio of mortality as among the dragoon-guards and dragoons in the United Kingdom on the average of the last seven years. Consumption is, however, much more prevalent in Jamaica than Britain; for, whilst in that island 13 per thousand of the whole force have been annually treated for this disease, at home those who have undergone treatment on account of it have amounted only to 5 and 6 per thousand annually, although the period over which the latter observations extend includes two severe epidemics of influenza, which probably laid the foundation of more cases of this disease than usually occur in this country. The author adds:

"That this fact is the more remarkable, as in Jamaica catarrhal affections are not one half so common as in Britain. Out of an aggregate strength of 51,567, there occurred but 2,809 cases, including both acute and chronic, or 65 per thousand of the strength annually; whereas, in this country, out of an aggregate strength of 44,611, no less than 5,462 cases are recorded, or 122 per thousand annually. Inflammation of the lungs is still more rare. The baneful influence of the climate of the West Indies in accelerating the progress of consumption has long been remarked by medical authorities; but it does not seem to have occurred to them, nor indeed had they any means of ascertaining, that twice as many cases originate in that climate as at home, though those catarrhal affections to which they are generally attributed are there comparatively so rare."—*West India Report, p.* 47.

We find, then, in Jamaica, with a high temperature, that catarrh and inflammation of the lungs are rare, whilst consumption is twice as frequent as in Britain. The confirmation this affords of the opinion of Louis, and its refutation of that of Broussais, are too evident to require to be indicated. These statistical details have an important bearing, too, on an opinion promulgated by the late Dr. Wells, that there was a natural antagonism between diseases, the product of marshy effluvia and consumption—that the one excluded the other. In the West Indies, however, we see the prevalence of the two diseases, supposed to exclude each other, coinciding.

The portion of the reports from the Mediterranean bearing on the same subject, contains much interesting matter. At Gibraltar we find that the deaths from diseases of the lungs in general amount to 5.3 per thousand of the average force, whilst the mortality from consumption alone amounts to 3.5 per thousand. Major Tulloch presents us with the following commentary on the return:

"The ratio of admissions by this class of diseases is to that in the United Kingdom as 141 to 148, the principal difference being that catarrhal affections are less frequent in Gibraltar, while inflammation of the lungs is much more so; the cases of the latter are, however, of a milder character, as only 1 in 45 died of those admitted into the hospital in Gibraltar, while 1 in 18 died of those admitted for the same cause among the dragoon-guards and dragoons in the United Kingdom. The total mortality by diseases of the lungs would appear to be less at this station than at home; but that, we apprehend, arises from many of the consumptive patients being invalided, who, if they die on their passage or after their arrival in England, are not included in the returns of the station where their diseases originated. That this is sufficient to account for the difference, may be supposed from the fact stated in the Medical Report for 1835, that during the 13 years previous the average number of deaths from consumption in Gibraltar was $12\frac{3}{10}$ annually, besides about 5 sent home laboring under the same disease, of whom few or none recovered."—*United Kingdom and Mediterranean Report, p.* 11, *a.*

The mortality from diseases of the lungs in Malta has been in the ratio of six per thousand during a period of twenty years. The author gives the following important commentary on the table containing the details:

"The climate of this island appears from the preceding results to be by no means favorable to persons predisposed to these diseases; the mortality is higher than in Gibraltar, and there is every reason to believe that, could we have taken into account the number invalided, and who died on the passage, it would have proved even higher than at home. It is somewhat remarkable that, in a climate where the thermometer never sinks to the freezing point, where the temperature at night is generally within a few degrees the same as during the day, and where those sudden transitions from heat to cold, to which this class of diseases is generally attributed in other countries, are extremely rare, the ratio of admissions should be only about one fifth less than in the United Kingdom. It may serve as a striking illustration how little influence the climate of Malta is likely to have in diminishing the tendency to consumption, that the proportion attacked by that disease among the troops there during the last seven years has averaged $6\frac{7}{10}$ per thousand of the strength annually, while in the United Kingdom, during the same period, the proportion attacked of the dragoon guards and dragoons was but $6\frac{4}{10}$ per thousand annually."—*United Kingdom and Mediterranean Report*, p. 24.

The author adds some remarks to show that the fatal influence of diseases of the lungs is not confined to the troops alone, but extends in a corresponding degree to the inhabitants. He refers to returns which prove that 6,664 deaths have occurred in 13 years from this class of diseases, constituting a mortality of 513 annually, which, upon an average population of 100,000 of all ages, is about $5\frac{1}{8}$ per thousand of the strength, being scarcely one per thousand less than among the troops, notwithstanding the night exposure of the latter in the course of their military duties. He adds that, though the climate of this island has been supposed favorable to diseases of the lungs, its inhabitants appear to suffer from them nearly as much as those of high northern latitudes, for the returns of Sweden show that there were only 14,087 deaths from this class of diseases out of the whole population in one year, being in the ratio of $5\frac{6}{10}$ per thousand, or within a fraction the same as in Malta.

In the Ionian Islands, the deaths from all diseases of the lungs are 4.8 per thousand of the mean strength annually. Major Tulloch makes the following remarks on these numbers:

"Notwithstanding the variable character of the climate, the rapid alternations of temperature, and the tempestuous weather which frequently prevails in this command, diseases of the lungs are both less prevalent and less fatal than at Malta or Gibraltar: the admissions into hospitals being respectively at 90, 120 and 141, and the deaths as 4.8, 6.0 and 5.3 per thousand of the strength annually. The principal exemption in the Ionian Islands is from catarrhal affections, which are not half so prevalent or half so productive of mortality as in the other Mediterranean stations, or in the United Kingdom. Most of the deaths arise from consumption, but neither is the proportion attacked so high nor are the fatal cases so numerous as in Malta, where there exists a comparatively equable temperature, and that mild condition of the atmosphere which is supposed favorable to persons predisposed to that disease. In Malta, on the average of twenty years, about 6 per thousand of the troops have been attacked annually by consumption; and in Gibraltar and the United Kingdom, nearly the same ratio; while in the Ionian Islands only 5 per thousand have been attacked, and the deaths have been fewer in the same proportion."—*United Kingdom and Mediterranean Report*, p. 35, *a.*

When we pursue the subject through the reports from British America, we observe the same discrepancy between ordinarily-received opinions and statistical facts as has been displayed in the results of observation in other quarters of the globe. In Bermudas, with great uniformity of climate, and an absence of those extremes of cold to which such diseases in northern latitudes are frequently ascribed, we find inflammation of the lungs and consumption decidedly prevalent, and the mortality from pulmonary diseases 8.7 per thousand annually, which is higher than among troops in the United Kingdom and the Mediterranean stations. In Nova Scotia and New Brunswick, with severe winters and sudden atmospherical vicissitudes, we find diseases of the lungs less prevalent than in the United Kingdom, in the proportion of 125 to 148, and less fatal in the proportion of 7.1 to 7.7. In Canada, distinguished for the severity of its winters, and so remarkable for sudden alternations of temperature that the thermometer has been known to fall at Quebec 70 degrees in 12 hours, the admissions for pulmonary disease are 148, and the deaths 6.7 per thousand, the latter being much lower than in the United Kingdom. Major Tulloch points out the following striking facts, which require no comment: at Bermuda, there have been attacked annually by consumption, of every thousand, 8.8; in Gibraltar, 6.5; and in Canada, 6.5.

Major Tulloch modestly observes, that his object in the Reports is rather to state effects than to speculate on causes. We admit that he has been more successful in the case of pulmonary diseases, in showing what are not their causes than what are; but we feel, too, that in the state of our knowledge respecting these diseases, the former knowledge is a necessary and very important preliminary to the latter. One set of facts, however, in these Reports, has an important bearing on another. We find between the classes, officers and soldiers, the most perfect equality exists as to mortality from fever, whence the reasonable inference is, that the cause of fever is general—that it is in the climate. But in the case of bowel complaints and diseases of the lungs, there is the greatest discrepancy in the extent to which these classes are respectively affected. From the former disease, the soldiers suffered in comparison of the officers in the proportion of nine to one, where, for five days in the week, the diet of the soldiers consisted of salt provisions; in colonies, on the other hand, where such provisions were issued to the troops only two days in the week, the mortality in the two ranks from these diseases approximates so closely as to be nearly on a par. Here is evidence almost demonstrative, which is further confirmed by the fact stated by Sir A. Haliday, that the fresh-meat rations, supplied to the soldiers at the request of Lord Howick, have effected a great diminution in the prevalence of bowel complaints. The relative prevalence and fatality of consumption in the two classes is very disproportionate; for in the Windward and Leeward Command, the proportion of officers and men treated for the disease stands as 6 to 15; and in the Jamaica Command, as 4 to 15; whilst the deaths among officers are, in the former station, one fourth, and in the latter one fifth, of what occurs among the troops generally.

To what is this prodigious discrepancy to be attributed? The author declines hazarding a positive opinion; but he refers to the views of Sir James Clark (and we are happy to observe his respectable and respectful reference to the labors of this truly enlightened physician), that improper diet and impure air are the most certain exciting causes of consumption among those not hereditarily predisposed to it, and to the experiments cited by him, which have proved that tubercular affections may be induced in animals by confinement in close, humid places, and innutritious food. Major Tulloch deems it consequently not improbable that crowded barrack-rooms and a restriction to salt diet may, particularly in a tropical climate, produce a similar effect on the constitution of soldiers.

DR. SIGMOND ON THE USE OF TEA.

["Tea; its Effects, Medicinal and Moral," is the title of a work, just published in London, by G. G. Sigmond, M.D., Professor of Materia Medica to the Royal Medico-botanical Society. Copious extracts from it are given in a late No. of the London Lancet, the editor of which, however, does not fully coincide with the learned Professor in his encomiums upon this beverage. That our readers may be made acquainted with the manner in which Dr. S. treats his subject, we give place in our pages to the following remarks, of the truth or falsehood of which, every reader is at liberty to form his own opinion.]

"Tea, as the morning beverage, when breakfast forms a good substantial meal, upon which the powers, for the day, of meeting the various chances and changes of life depend, provided it be not too strong, is much to be recommended; but when individuals eat little, coffee certainly supports them in a more decided manner; and, besides this, tea, without a certain quantity of solid aliment, is much more likely to influence the nervous system. Some persons, if they drink tea in the morning and coffee at night, suffer much in animal spirits and in power of enjoyment of the pleasures of society; but if they reverse the system, and take coffee in the morning and tea at night, they reap benefit from the change; for the coffee, which to them in the morning is nutrition, becomes a stimulus at night; and the tea, which acts as a diluent at night, gives nothing for support during the day. Nothing can be more injurious than the habit of taking spirits in tea; and this is a very seductive custom, which is followed by persons who complain that two or three hours after breakfast they feel, without their dram, an uncomfortable sinking at the stomach, a general depression, sometimes palpitation of the heart, and a sense of languor and incapability of moving the limbs, which renders them quite incapable of pursuing their daily avocations. A train of miserable symptoms, to which the term 'nervousness' is given, and which is most difficult to be described, attends this state, for which brandy or rum in the cup of tea is often permitted, in the dose of one or two teaspoons; this lays the foundation for dram-drinking, with all its pernicious consequences. An individual thus affected will do well to renounce tea altogether, and to substitute for it a beverage half coffee, half warm milk, and, if possible, to acquire the habit of taking a substantial breakfast, which alone can dissipate this symptom of uneasiness. As a simple and salutary diluent, no fluid is to be compared with the infusion of tea: although milk, milk-porridge, gruel, broth, cocoa, coffee, infusion of sage, of balm, of juniper berries, of aniseed, of fennel, of hay, of coriander, of betony, of rosemary, of ginger, and even sugar and water, have all had their advocates, and have all been tried, they none of them form so grateful and useful a diluent with the ordinary meal, and they none of them are so uniformly agreeable; and though there may be peculiar idiosyncrasies, with which it may not altogether agree, yet it is innocent beyond all other drinks with which we are acquainted."

"Tea is more particularly adapted for the ordinary beverage of young women; and the individual who, until the day of her marriage, has never tasted wine, or any fermented liquor, is the one who is most likely to preserve her own health, and to fulfil the great end of her existence, the handing down to posterity a strong and well-organized offspring, capable of adding to the improvement and the welfare of the community.

"There are some females upon whom green tea produces nearly the same effect as digitalis or foxglove; and it has been medicinally employed in the diseases for which that herb has so decidedly obtained a high reputation. Desbois of Rochfort has, by the use of it, cured numerous nervous diseases which have arisen from accelerated circulation. Dr. Percival had an idea that green tea possessed nearly the same power as does digitalis, of controlling and abating the motion of the heart. It is a singular fact that there are several instances recorded in which green tea has restored regularity to a pulse which has been habitually intermittent; and it has often relieved the severe paroxysms which occur where water exists in the chest. In diseased lungs in young females it has been found of essential service; and even when consumption has made advances, when suppurative fever, attended with great restlessness and hurried circulation, has produced its highest excitement, green tea has been found to alleviate the worst symptoms. In these instances its action has much resembled the foxglove; in the gentler sex those palpitations for which this herb has been found valuable will derive relief from green tea. It forms an agreeable medium for aromatic spirits of ammonia; for hartshorn, in many states of nervousness and of hysteria. When the duration of what was supposed to be a slight cold is longer than usual; when the pulse varies in quickness at different periods of the day; when there is a slight cough, which is aggravated on going to bed; when the heart beats violently on going up or down stairs; when there is a slight difficulty of breathing in a horizontal position, and we observe the individual to be of delicate habits, and under twenty years of age, she must be watched with great tenderness and anxiety; her food must be closely investigated, and attention to diet enforced. Green tea is oftentimes highly to be recommended; but its administration must be watched. After marriage a diet of a different description is at various times necessary; then only that which is nourishing is to be sought for, and everything that can lower the general system must be avoided. Although wine has been, up to this period of life, proscribed, it may be now rationally and cautiously used; and that which of all others affords the greatest assistance to the frame is the wine of Champaigne. Of this an occasional glass or two during the dinner is one of the most important means of imparting strength; for the venous system requires to be more than ordinarily carbonized. Neither during lactation, nor in the early period of childbearing, is tea the most desirable beverage; but at any other time it is useful, as determining to the surface of the skin, and acting as a gentle diluent, and imparting an agreeable sensation of warmth and comfort to the whole system, care always being taken that there be no exposure to cold after the evening meal, at which time there is a great susceptibility to morbid impression."

"That tea is the most agreeable and the most salutary diluent that has yet been introduced into Europe, would appear from the general improvement in the public health that has followed upon its use; and although many plants have been used as substitutes for tea, none have so long maintained their character. The common sage, the wild marjoram, the arctic bramble, the sloe tree, the goat weed, Mexican goosefoot, common speedwell, and wild germander, have been tried and abandoned. Chocolate has been found most serviceable to the low spirited, to those who are emaciated, to those who suffer from hemorrhoids; and there are certain states in which coffee may be preferred, but these ought not to be the sole drink of man. Fermented liquors, injudiciously taken, produce diseased stomachs and livers, consumption, dropsy, madness; and the prudent man, who fears that he may be betrayed into excess, is perfectly right in shunning the means of mischief. But good wine is a good cordial, a fine stomachic; taken at its proper season it invigorates mind and body, and gives life an additional charm. There can be found no substitutes for the fermented liquors, to sustain the mental and bodily labor which the artificial habits of society demand. Temperance and moderation are essential to happiness; but a "total abstinence" is unwise. Increased capability of encountering the ever-varying agitation of life, is amongst the many good results which spring from a well-regulated diet, in which the alcoholic preparations bear their just proportion and adaptation.

"In a climate of great vicissitude, where mind and body are equally liable to depression, something beyond a mere diluent is required; and it is better to acquire a regular habit of daily taking a sufficient quantity for their support, than that there should be occasional fits of excitement by the stimulus of drink, and then a consequent depression. When there is a great activity of mind during the winter months there is a necessity for a stimulus, which is hurtful during the summer. The port, the sherry, the ale, so proper at Christmas, and the cup of tea quickly following it, must be exchanged, in summer, for the claret, or hock, or the tea alone. The damp and uncertain states of the atmosphere of this country, independently of other considerations, point out the necessity of obtaining an artificial bodily heat. The glow and animation that follow upon a proper stimulus are serviceable to man, more particularly late in the day, when the nervous energy is somewhat exhausted; for the same quantity of fluid, if taken at a time of the day when it is not required, will impair the health, and prevent the mind from exertion. It is not indiscriminate wine or beer drinking that is to be recommended, but a regular systematic beverage, at due intervals, and at proper times."

EXCISION OF THE UPPER JAW—FIRST TIME PERFORMED IN AMERICA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In the Medical and Surgical Journal for October 16, you say, concerning the removal of the upper jaw, "This formidable operation was lately performed by Dr. Warren, of this city, *for the first time in the United States.*" This statement, Sir, contains an error which you will doubtless willingly correct. In the year 1824, Dr. David L. Rogers, of the city of New York (now Professor of Surgery of Geneva College), successfully removed the upper jaw for osteo-sarcoma. The details of the case, which was a most formidable one, may be found in the New York Medical and Physical Journal, Vol. III. page 309. It is also alluded to in Cooper's Surgical Dictionary. Before this, small portions of bone had been removed from the upper jaw by various surgeons; but this was, I believe, the first time in the United States of what may, with propriety, be called "the removal of the upper jaw."

Two weeks ago Professor Rogers removed an adipose tumor from the axilla of a woman, in presence of the medical class, which measured twenty inches from its attachment to its base, and thirty inches in circumference at its widest part. It weighed 16 pounds 10 ounces. The patient has almost recovered. Respectfully yours,

Geneva, N. Y., Oct. 22, 1839. ANDREW BOARDMAN.

INFLAMMATION OF THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

IN the summer of 1837, in the treatment of a case of inflammation of the brain (a young man of full and plethoric habit, evidently constitutionally predisposed, having lost two brothers of the same disease, each of whom died very near that period of life at which he had arrived), I felt strongly impressed with the necessity of keeping the head in a somewhat elevated position, in order, as Dr. Eberle says, to "favor the return of the blood from the inflamed structure by the veins, and impede, in some degree, the access of the blood by the arteries, in consequence of the additional resistance offered by the gravity of the blood to the propulsive efforts of the heart."

I supposed an elevated position of the head would not only be for the benefit of my patient, but add very much to his comfort. But in this I was not a little disappointed—he never would suffer his head to be elevated above the natural position of sleep in health, without complaining of increased pain in it; but thinking it would be better for him, I repeatedly advised him to maintain an elevation of the head to a considerable degree. But he as often repeated his complaint; till at length his importunities were so urgent, I consented to allow him the most quiet posture his restless bed would afford; and he soon put himself in an attitude, apparently, to enjoy quiet natural repose.

On examining the patient, while the head and shoulders were a little raised, I found the pulsations of the heart much increased in strength, and I believe in frequency; which seemed to account for the increased pain in the head. The thought then occurred to me, that the gravity of the blood of the ascending aorta, supposed to suppress, or diminish, the "propulsive efforts of the heart," might require the heart to act, if not with increased motion, with greater strength and violence, and thus convey a stronger throb or pulsation to the brain, which can but augment the pain of the head, and more than counterbalance the good effects of favoring the return of the blood in the veins.

My object in submitting the facts of the above case, is to obtain some information explanatory of the cause of the increased pain in the head, on being raised; and not to claim for the accompanying suggestion, a philosophic principle or a physiological fact. I have more recently treated a case of the same disease, with similar symptoms, although not so decisive. Yours, &c.

Wolfborough, N. H., Oct. 18, 1839. J. F. Hall.

THE LOUISVILLE MEDICAL INSTITUTE AND DR. DRAKE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have this moment seen your number of the 25th ult., in which is announced, what you suppose must have been "much to the surprise of the profession of the West," the appointment of Daniel Drake, M.D., of Cincinnati, to the chair of Clinical Medicine and Pathological Anatomy in the Medical Institute of this city: and in the sequel of this announcement a smothered insinuation is indulged in, that an understanding existed on this head, between Dr. Drake and this Institution, before the resignation of his chair in the Medical Department of Cincinnati College.

As these insinuations do no credit to the Louisville Institute, and are discreditable to Dr. Drake, you will please permit me to repel them by a statement of facts. Being the Dean of this school, and the exclusive organ of communication between my colleagues and Dr. Drake, I may be supposed to know something of the circumstances connected with his appointment.

Of the reasons which led to Dr. Drake's resignation of the chair which he recently held in the Cincinnati College, I pretend to know nothing more than what is very sufficiently set forth in that "interesting letter," as you are pleased to term it, to the chairman, Mr. Morris. Suffice it for my present purpose to say, that his letter of resignation is dated the 27th of August—that the Board of Trustees, having previously vacated all the chairs, formally suspended the operations of the school on the same day (the 27th)—that intelligence of these events reached us, for the first time, through the public prints, in a day or two after their occurrence; and that on the 31st of August, at the instance of my colleagues, I visited Cincinnati, where I held a conference with Dr. Drake on the subject of his connection with the Louisville Institute, into which he was unanimously elected on the 7th of September. I state, moreover, as my sincere conviction, that neither Dr. Drake, nor any of his friends, had held any intercourse or correspondence with any member or friend of the Louisville Institute, in relation to his becoming a member of it, previously to my interview with him, on the last of August; nor do I believe that any idea of the kind had been entertained by him before that hour.

So far from its being a matter "of surprise to the profession at the West," that Dr. Drake should be elected to a place in the Louisville Medical Institute, it must have been anticipated by all who were acquainted with the deep interest taken by the citizens of Louisville in the success of their medical school, the munificent appropriations made to it by the City Council, the vigilant supervision of its interests by the Board of Managers, and the pre-eminent qualifications of Dr. Drake as a teacher, that so fortunate an opportunity of adding to its attractions would not have been lost to the Institute. The circumstance can only have been a matter of surprise and alarm to its enemies.

Very respectfully, Sir, I am yours, &c. C. W. Short, M.D.
Louisville, Ky., Oct. 16, 1839. Dean of the Faculty.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 6, 1839.

A TREATISE ON THE DISEASES OF INFANTS.

Dr. Stewart's translation of the invaluable work of Billard, on the diseases of infants, founded on recent clinical observations and investigations in pathological anatomy, needs only to be examined, even but partially, to convince the reader that the practitioners of the United States are greatly indebted to the translator for putting them in possession of this excellent production of an eminent Parisian physician. We assure Mr. Adlard, the publisher, that his press has repeatedly laid us under obligations for some of the very best medical books of the age. We fully acknowledge the satisfaction derived from one week's use of this very able volume, which has been read under the disadvantages of frequent interruptions and editorial annoyances, which those only can understand, who are similarly situated in regard to new publications. Still, the examination is not completed. There are writings which can be fathomed by a single peep at the leaves; but in this case, there is no such thing as slighting a paragraph—a fixed attention seems to be demanded at the onset, and one feels that he is improving as he progresses from chapter to chapter.

A few days since, the republication of the Principles of the Theory and Practice of Medicine by Marshall Hall, with the rich additions of Drs. Bigelow and Holmes, was hailed with delight; and before it has been placed upon the library shelf, another tome, equally meritorious and indispensable, is ushered along—and thus we are put in possession, day by day, of some of the best specimens of medical literature of the age.

A growing taste is manifested towards the French school of medicine. Though once considered the most frivolous people in christendom, the learned of France are now the profoundest of men. The accuracy of their observations, particularly in surgery, and the carefulness and patience of their clinical practitioners, have won for them the confidence, and, indeed, the admiration of those devoted to the same philanthropic pursuits throughout the world. We are too much engaged here to write books; the practice of the mere physician is too laborious to allow of his contributing much to the stock of medical knowledge, even in the relation of cases; and hence those who place upon our tables the researches of the great masters abroad, confer a favor not to be forgotten by those who are to be so essentially benefited.

Dr. Reese's Introductory Lecture.—Dr. Reese is the Professor of Theory and Practice in the Albany Medical College. A committee of the class requested a copy of his introductory lecture for publication, which was a wise measure, as it evinces their appreciation of the value of the discourse. The doctor trims up medical impostors with a degree of severity that excites our admiration, and shows what must be done by those who have an interest in the character of the profession, to make it as honorable and philanthropic as it should be. He strikes at the root of an evil in public teachers, of incalculable injury to the progress of science, viz., " obscure technicalities, neologisms, and unintelligible mysticisms, so that their pupils have been in need of a vocabulary of jaw-breakers, even while listening to a lecture." We shall watch the progress of a man who has the independence to speak thus boldly from his official chair, and hope strongly for the reformation that he shows so clearly necessary.

Dr. Bedford's Introductory.—This, too, was delivered in the Albany Medical College, at the opening of the lecture season, and a very satisfactory performance it must have been to the audience, whether wholly made up of medical men or not. The reputation which Dr. Bedford carried with him from New York, will have a powerful influence upon the destiny of the institution which was so fortunate as to secure his services. Were it practicable for us to re-print but a part of the lecture, we feel quite sure that our readers would peruse it with emotions of pleasure. If there is any part of it objectionable, the historical portions would be selected—not because they are incorrect or burdensome, but principally on account of the more intrinsically valuable matter which the author had it in his power to introduce into the same pages. In the age in which we live, there is so much that is new in medicine, and of such sterling consequence to those who minister to the sick, that those who are best qualified to instruct should remember that they are under an obligation to the community to teach, first, whatever is essential to the practical usefulness of the professional aspirant.

Vermont Academy of Medicine.—We have heard that the Trustees have so far succeeded in reorganizing the Faculty of the Vermont Academy of Medicine, as to insure the commencement of lectures at Castleton the ensuing spring. This school, which was for many years the resort of respectable classes of medical students, has, from some unfortunate circumstances, suspended instruction the two past years. It will go into operation with a faculty new throughout, whose standing in the profession and as teachers of medicine, promise to secure the objects of the students, and a proper share of public patronage.

Extraction of a Needle.—A young married woman, of this city, who had been under medical treatment for several years for sciatica, by some physicians, and for rheumatism by others, was, on Monday, October 28th, effectually cured by the removal of a whole needle an inch and a half in length, which was found deeply imbedded in the great gluteal muscle. It was not known how long the needle had been in the body, but she remembers to have swallowed one about ten years since, and has suffered acutely in that region for six.

Chase's Abdominal Supporter.—Dr. Heber Chase has constructed an abdominal supporter on a novel plan, which promises to be highly useful in giving support to the lower part of the abdomen, without producing the severe compression of the cavity that results from the use of supporters made like corsets, many of which are now extensively employed, though they are found to impede the freedom of motion and respiration in patients of both sexes, and to increase the descent of the uterus in cases of prolapsus. This instrument enjoys great advantages over those constructed with an ordinary truss-spring and strap surrounding the pelvis; being more firmly fixed in its position, as well as more comfortable to the patient.

This instrument consists of a metallic plate, fitted accurately to the form of the hypogastric region, and well padded—having attached thereto, by means of sliding movements like those of the inguinal truss invented by the same surgeon, two curved, elastic steel springs, which pass upward obliquely, running over the cristæ of the ilia; they then descend toward the sacro-iliac symphysis and terminate in two small pads, one of which rests on each sacro-iliac articulation.

When applied, the whole pressure is sustained by the anterior and the two posterior pads, and the springs suspend the weight of the apparatus on the cristæ of the ilia, thus acting as a supporter rather than a compresser.

Knobs are appended to the anterior and posterior pads, by means of which, thigh or perineal straps may be attached, and this arrangement will tend to facilitate the application of pressure in the groin or on the perinæum or nates, in cases where it is extremely difficult to apply dressings or afford pressure with accuracy by any ordinary means.

M. Roux's Experience in Fissured Palate.—Previous to the introduction of a patient into the theatre, who was to undergo the operation of staphyloraphy, M. Roux said that he had been successful in these cases in the proportion of three to four, when there was no fissure of the hard palate; whereas, when this last deficiency was present, as well as a fissure in the soft palate, his success was diminished to one in four. The case which he had intended to operate upon was one in which the operation of hare-lip had been long since performed. He was obliged to give up his intention, as he could not get at the parts with ease, on accouut of the difficulty which the young man had in opening widely his mouth, and also his not being able to maintain his tongue in the required position.—*Lancet.*

Peculiar trembling of the Hand while Writing.—Many German writers have recorded histories of diseases among individuals who could accomplish with their fingers the most delicate operations; for example, threading a needle, making pens, shaving, &c., without the least difficulty, who, nevertheless, when they have tried to write, were seized with so great a trembling of the hand that they could not form, distinctly, a single letter. The agitation ceases as soon as the pen is laid down. Until the present time subjects of this affliction have not been mentioned under a certain age, the youngest being 27. For the first time, a case, cited by Mr. Heyfelder, in the "Medicin. Annalen" (Part 4, Vol. IV.), is recorded in a child 11 years old. The affection has hitherto resisted every attempt at remedy, and authors are not agreed as to its immediate cause.—*Ibid.*

Moral Treatment of the Insane.—M. Leuret has recently combatted the erroneous notions of certain insane patients, by the argument of the douche, and, he says, with great success. If the patient contends that he is Napoleon, for instance, he is threatened with the douche; if he perseveres, he is subjected to the punishment until he acknowledges his error! We may be induced to publish M. Leuret's cases and observations in an early number. They are given in two works, the first of which is a distinct volume, entitled "Fragmens Psychologiques sur la Folie; the second a recent memoir read before the Academie de Médecine.—*Ibid.*

Style of the Ancient English Physicians.—As they usually belonged to the church, in the age of Linacre, Caius, Mayerne, Hervey, and Bidloo, they preserved and indeed maintained some of the peculiar ecclesiastical pomp of those times. A gold-headed cane, a golden chain, a huge wig, and a large, flowing, blood-red robe, added wonderfully to the self-importance of the proud and haughty wearer; and then the exhibition of such imposing state had the desired effect on the gazing people, wherever the doctor moved. Henry IV. granted Helia Sabbat, a Jew and doctor of medicine, letters patent, allowing him to travel with ten esquires through his majesty's dominions.

In the time of the well-known plague of London, the chronicle thus presents a lively picture of the mode in which medical practitioners appeared in the ordinary routine of business. "For thither within this two hours I did see Master Toocrump, (*medicus*) solemnely ridying upon his mule with a side goune, a great chain of golde about his necke, his apothecary Crispinus—a neighbor's child borne hereby in Barbarie, and his little Lackey, a proper young apple squire, called Pandarus, which carrieth the keye of his chamber with him. These are all gone in at the gates to that noble Italian."

Dr. Simon Fox, son of the martyrologist, and Dr. Argent, were the last presidents of the College of Physicians who rode on horseback to visit patients. The English, like the French surgeons, wore gowns. The artifices of costume, still retained by the lawyers of England as well as the clergy, were laid aside by the medical profession, when it was ascertained that it was unnecessary to address the vulgar astonishment of mankind, in order to procure a livelihood.

On looking back to 1642, it is seen that Dr. Winston, "*a son of a carpenter*," had accumulated an estate of 500*l*. a year, and was esteemed an especial benefactor of the College, because he upheld the dignity of the faculty against the apothecaries. He used but one himself, and treated him as a servant—*heriliter imperavit*. In 1703, the College brought an action against William Rose, an apothecary, for visiting a patient, and sending him several parcels of physic, "*as proper for his distemper, without any fee for advice.*" The Court decided that the act was practising physic, but this judgment was reversed in the House of Lords.

Syrup of Copaiba.—Mouchon recommends a syrup as a good form of giving copaiba. Four ounces of the purest copaiba are to be rubbed in a marble mortar with thirty-two grains of calcined magnesia, till perfect union takes place; sixty-four drops of oil of peppermint and sixty-two ounces of simple syrup are then to be added with continual stirring, until a homogeneous syrup is produced, which is to stand for twenty-four hours, and then be poured into bottles. Or, four ounces of the balsam may be made into an emulsion, with two ounces of gum arabic in two ounces of water; and this may then be mixed with the oil of peppermint and the simple syrup.—*Jour. de Pharm. du Midi.*

Medical Miscellany.—A new edition of Dr. Mussey's essay on the influence of tobacco upon life and health, has appeared from the press of Perkins & Marvin, of this city.—Smallpox has appeared at Thomaston, Me.—A snake with a head at each extremity, having the power of running either way, as occasion might require, has been killed at the South. The late Dr. Mitchell, of New York, gave the result of some curious observations, made by himself, on one or two serpents, thus singularly organized.—Dr. Scott, of New Orleans, on the 15th, was arrested on suspicion of having fired his own house.—Yellow fever no longer exists in Havana, say the latest advices.—There were 589 deaths in New Orleans from fever in the month of September.—At Mobile the epidemic is on the increase again.—From Oct. 19th to the 26th, there were 144 deaths in New York.—Augusta, Geo., is still afflicted with yellow fever, which has maintained a terrific character in that region the present year. A few cases have also appeared at Harrisburg, a small village on the opposite side of the river.—All vessels arriving at Oratavia (islands), between the 1st of July and 1st of Nov., from the United States and Gulf of Mexico, are obliged to perform quarantine at Santa Cruz, of from fifteen to eighteen days.—On board the U. S. Frigate Columbia, Commodore Read, as many as 29 deaths from smallpox and dysentery had occurred since she left Hampton Roads for the East Indies. Also several deaths in the Adams. Eight of the crew of the Columbia died at Singapore, and were buried in a nutmeg grove.—As a proof of the health of the South, with the exception of imported fever, take Columbia, South Carolina, where there have been but 26 deaths (three only of which were of fever) from April 1 to Oct. 1, 1839, *i. e. six months!*

To Correspondents.—We shall endeavor to commence Dr. Durkee's essay on Scrofula next week.—Other papers, some of which have been long deferred, will be inserted after the conclusion of Dr. D.'s.

Died,—At Concord, Mass., Hon. Abiel Heywood, M.D.—At Springfield, Ms., Lemuel W. Belden, M.D., 38, author of the history of Jane Rider's case of Somnambulism, which created so great an interest a few years ago.

Whole number of deaths in Boston for the week ending Nov. 2, 32. Males, 20—females, 12.
Of consumption, 10—liver complaint, 1—lung fever, 2—typhous fever, 3—marasmus, 1—child-bed, 1—colic, 1—inflammation of the brain, 1—fever, 1—croup, 2—canker, 1—old age, 1—smallpox, 2—scarlet fever, 1—hooping cough, 1—burn, 1—stillborn, 2.

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.
Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D. Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

TO PHYSICIANS.
A physician who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. S 18—tf

VACCINE VIRUS.
Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21—

M. R. FLETCHER.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply

WILLIAM BROWN.

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